

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY	
Caption in Compliance with D.N.J. LBR 9004-1(b)	
Ira R. Deiches, Esquire (NJ ID #013941976) DEICHES & FERSCHMANN 25 Wilkins Avenue Haddonfield, NJ 08033 (856) 428-9696 ideiches@deicheslaw.com Attorneys for Debtors and Debtors-in-Possession	
In Re:	
JOHN M. ALBANO and GRACE M. ALBANO, Debtors and Debtors-in-Possession	

Case No.: 17-18140
Chapter: 11
Adv. No.:
Hearing Date: November 7, 2017
Judge: Christine M. Gravelle

CERTIFICATION OF SERVICE

1. I, Ira R. Deiches,

represent Debtors/Debtors-in-Possession in this matter.

am the secretary/paralegal for _____, who represents _____ in this matter.

am the _____ in this case and am representing myself.

2. On October 3, 2017, I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.

Individual Debtors' Chapter 11 Combined Plan of Reorganization and Disclosure Statement; Order Scheduling Hearing on Adequacy of Disclosure and Plan Confirmation; transmittal letters and, where appropriate, Ballots for voting on Plan.

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: October 3, 2017


Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
United States Trustee One Newark Center, Suite 2100 Newark, NJ 07102	U.S. Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Securities and Exchange Commission 450 5th Street, NW Washington, DC 20549-0601	Securities and Exchange Commission	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Secured Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Ally Financial P.O. Box 130424 Roseville, MN 55113-0004	Secured Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Cavalry SPV I, LLC Assignee of Capital One Bank USA, N.A. 500 Summit Lake Drive, Suite 400 Valhalla, NY 10595	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Centrastate Medical Center 901 West Main Street Freehold, NJ 07728	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
High Focus Centers c/o Fein, Such, Kahn & Shepard, PC 7 Century Drive, Suite 201 Parsippany, NJ 07054	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Jefferson Capital Systems Agent/Assignee of Verizon Wireless 16 McLeland Road Saint Cloud, MN 56303	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
Marlboro Medical Center 203 U.S. Route 9 Morganville, NJ 07751	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>
State of New Jersey Division of Taxation Bankruptcy Section P.O. Box 245 Trenton, NJ 08695	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ <small>(As authorized by the Court or by rule. Cite the rule if applicable.)</small>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Mr. and Mrs. John M. Albano 111 Hunt Road Freehold, NJ 07728	Debtors/DIP	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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